	Application Number	10/561,3	380	
TRANSMITTAL	Filing Date	August 2	August 28, 2006 Todd Garrett SIMPSON	
FORM	First Named Inventor	Todd Ga		
	Art Unit	2431	2431	
(to be used for all correspondence after initial filin	Examiner Name	Wright, E	Bryan F	
Total number of pages including cover sheet. 3	Attorney Docket Number	ZICO00	14	
	ENCLOSURES (Check	all that apply)		
	ENGLOSSIVES (Check	ан шасарріу)		
Fee Transmittal Form	Drawing(s)	İ	After Allowance Communication to TC	
Fee Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences	
Amendment/Reply [	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
After Final	Petition to Convert to a Provisional Application		Proprietary Information	
Affidavits/declaration(s)	Power of Attorney, Revoca Change of Correspondence		Status Letter Other Enclosure(s) (please Identify	
Extension of Time Request	Terminal Disclaimer		below):	

Request for Refund

CD, Number of CD(s)

Landscape Table on CD

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Remarks

Express Abandonment Request

Information Disclosure Statement

Certified Copy of Priority

Document(s)

Reply to Missing Parts/
Incomplete Application

Reply to Missing Parts
under 37 CFR 1.52 or 1.53

GLENN PATENT GROUP, Customer No. 22862

Signature

Printed name

Michael A. Glenn

Date

September 03, 2009

Reg. No. 30,176

## CERTIFICATE OF ELECTRONIC FILING

I hereby certify that this correspondence is being electronically transmitted to the USPTO via EFS-Web on the date shown below.

Signature Qttuten

Typed or printed name Cheryl A. Petersen Date September 03, 2009

This collection of information is required by 37 CFR 1.5 The information is required to obtain or retain a benefit by the public which is to file (and by the LISPTO to process) an application. Confidentially is governed by 38 LGR. C22 and 37 CFR 111 and 14.1 This collection is estimated to 2 hours to complete, including gathering, propering, and submitting the completed application form to the LISPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or supplessions for reducing this butten, should be sent to the Chief Information Officer, U.S. Petent and Tudemark Office, U.S. Department of Commence, P.O. Box 1450, Alexandrin, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dex 1450, Alexandrin, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dex 1450, Alexandrin, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dex 1450, Alexandrin, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dex 1450, Alexandrin, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dex 1450, Alexandrin, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dex 1450, Alexandrin, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dex 1450, Alexandrin, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dex 1450, Alexandrin, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Dex 1450, Alexandrin, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO THIS ADDRESS. SEND TO THIS ADDRESS. SEND